

CCDCFS Advisory Board Meeting Attendance

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CCDCFS Advisory Board
Meeting Agenda

April 3, 2019
4:00 – 6:00 PM
3955 Euclid Ave. Rm. #348E

Call-In Information: (888)363-4735 Access Code: 2537352

- I. Welcome
- II. Purpose and Ground Rules
- III. By-laws
- IV. Child Welfare Topics of Interest – survey results
- V. Areas of Common Interest
- VI. Data
- VII. Corrective Action Plan and Recommendations
- VIII. Next Steps

Doodle Poll will be sent out for the remaining 2019 meetings



Advisory Board Meeting

3 April 2019

In Attendance: Cynthia Weiskittel, Tamara Chapman-Wagner, Jacqueline McCray, Christopher Cabot, Yvonne Conwell, Debra Rex, Beverly Charles, Dr. David Crampton, Angela Newman-White, Christin Farmer, Deonna Kirkpatrick, Victor A. Ruiz, Andrew Garner (via phone conference), Sonia Emerson (via phone conference).

I. Welcome - Introductions

- a. Cynthia Weiskittel (CW) – Director of DCFS with 30 years of experience at the agency from case worker to Director
- b. Tamara Chapman-Wagner (TCW) – DCFS Deputy Director of Short Term Services (STS), S.T.A.R.T., and Hotline. 30 years of experience with the DCFS.
- c. Jacqueline McCray (JM) – DCFS Deputy Director of Resources & Placement and Case Review. This includes foster care and adoptions.
- d. Christopher Cabot (CC) – DCFS Administrator of Extended Services (EXT SVS) with 25 years of experience.
- e. Christin Farmer (CF) – President & CEO of Birthing Beautiful Communities
- f. Dr. David Crampton (DC) – Professor of Social Work at the Mandel School of Applied Social Sciences at Case Western Reserve University
- g. Angela Newman-White (ANW) – Cuyahoga County Board of Health: Maternal and Child Health Program
- h. Deonna Kirkpatrick (DK) – Communications Deputy for HHS which includes DCFS
- i. Deborah Rex (DR) – Former CEO of Beech Brook
- j. Beverly Charles (BC) – Former Senior Staffer for the 11th District of the Ohio House
- k. Victor A. Ruiz (VR) – Esperanza
- l. Yvonne Conwell (YC) – Cuyahoga County Council Representative for District 7. Chairs Health, Human Services & Aging Committee
- m. Sonia Emerson (SE) – Connect organization

II. Agency Overview and General Discussion

- a. Overview – Structure Chart (handout #1)
 - i. Three Responsibilities of the Agency
 - 1. Safety, Permanency & Well-Being
 - ii. Approx. 2600 children in care
 - 1. Approx. 600 children have parental rights terminated. The agency is now the custodian.



2. Approx. 170 children are in residential care facilities
- iii. While there is typically an increase in calls to the hotline after a child fatality, these calls have not leveled out in the year since the Aniya Day-Garrett case.
 1. Increase in calls from mandated reporters
- iv. Total of 500 social workers in the agency
 1. 50 vacancies
 - a. Anticipatory hiring is in place, but does not keep up with turnover
 - b. New workers received 12 weeks of training and 12 weeks in the transition department
 - c. Resource limitation appears to drive up risk – (DR)
 2. Increase in secondary trauma, FMLA, and turnover – (TCW)
 - a. STS Caseload Average – 15.2
 - b. Special Investigations Caseload Average - 20
 - c. EXT SVS Caseload Average – 13.5
- b. Workflow Diagram – How a Case Moves Through the Agency (handout #2)
 - i. Hotline is staffed by Child Protection Workers 24/7
 1. Screened Out Calls
 - a. If a call is screened out the information is still collected and kept in the system so that it may be referenced if another referral is made
 2. Screened In Calls
 - a. If a call is screened in, a safety assessment must be completed within 4 days
 - b. If the call is an emergency, staff have one hour to make face-to-face contact with the child
 - c. If the call is a non-emergency, staff have 24 hours to make face-to-face contact with the child
 - ii. Placement
 1. Start with least restrictive placements
 - a. Relatives/Families → Foster → Residential
 2. Services are offered to render a behavioral change in the family. If there is no change, then DCFS cannot remove themselves from the family.
 - iii. Risk Levels
 1. Is the type intervention different for risk levels? – (VR)
 - a. It depends on the protective capacities of the child & adult. The younger the child the less likely it is that they are able to self-protect – (TCW)



- i. Ex. Educational Neglect while a risk, is not unsafe – (CW)
2. How much is standardized vs. professional judgement when deciding risk level? –(VR)
 - a. There are tools to guide workers, but they must be able to use professional judgement – (CW)
 - i. Request to have access to safety assessment tools
3. Where does Team Decision Making come into Victor's question? – (DR)
 - a. Once removal becomes a question – (TCW)
 - b. Staffings are for bringing family and natural supports to the table to build a plan to keep the child safe – (CW)
 - c. JR6 – police assume custody and bring child to DCFS
4. Resource limitation appears to drive up risk – (DR)

III. Child Welfare Topics of Interest

a. Survey Results

- i. In child welfare knowledge members ranked themselves from: basic (2), fair knowledge level (3), proficient (2), and highly knowledgeable (1)
- ii. Child Welfare topics of interest (chose all that are of interest)
 1. 7/8 said services for families and children
 2. 50% Foster & Kinship Care
 3. 50% Other:
 - a. Ways to involve the community in effective prevention strategies to keep families safe and together
 - b. Engaging families and community in protecting children
 - c. Promoting safe, stable, and nurturing relationships to buffer adversity and build resilience
 - d. Youth transitioning out of care
 4. 38% (3) Investigation and Assessment
 5. 38% (3) Involving Juvenile Court/law
 6. 13% (1) Hotline/Screening
 7. 13% (1) Adoption & Post-Adoption Services
- iii. Is there a specific topic you'd like the Board to focus on (narrative) – 38% responded
 1. I'd like to know from your Team what the biggest challenges are both external to and on the inside of the department. And where could our "outside" voices be most helpful?



2. The geographic shifts in DCFS cases suggest some need to think about geographic strategies
 3. Building child, family, and community resilience
 - b. Youth Aging out of System
 - i. About 130 youth per year
 1. More likely to not finish education
 2. More likely to be homeless
 3. More likely to end up in jail
 - c. Geo Assignments
 - i. Started in the 90's
 - ii. Built relationships with specific community collabs
 - d. What are the biggest challenges internally and externally, and how can the advisory board be of help?
 - i. Biggest help would be addressing the communication barrier with the complexity of issues and family dynamics – (CW)
 - e. A question of workflow – is there prep in secondary education – (VR)
 - i. 10-12 students are currently doing filed work with DCFS – (CW)
 - f. How do we communicate more with the community? – (BC)
 - i. Contractual relationships have existed with collabs for 20 years
 - ii. Listening Tours were held, but not highly attended – (CW)
 - g. Group interest in focus groups with staff to better understand the frontline
 - i. Possible to have third-party facilitators
 - h. Request for a list of services provided through DCFS
 - i. Most of our services are contracted out – (CW)
- IV. **Communications Department – (DK)**
 - a. Post-Listening Tours (handout #3)
 - i. Monthly meetings/forums planned in rotation in every neighborhood
 1. Social media/radio ads being run to get people to attend
 - a. Postcard mailings to everyone with an open case
 2. Connect community with resources to help children not involved with the agency
 - a. Ex. Getting a child into a good preschool
 3. Social workers available to talk to one-on-one at forums
 - ii. Child Abuse Prevention Month – April
 1. Please refer to handouts #4 and #5
 2. Rock painting event with social media tie-in
 - a. In an effort to further involve the community
 - b. Painted rocks will be hidden in neighborhoods with hashtags to link to DCFS
 - iii. Can these events be partnered with events that are already taking place in the community? – (CF)



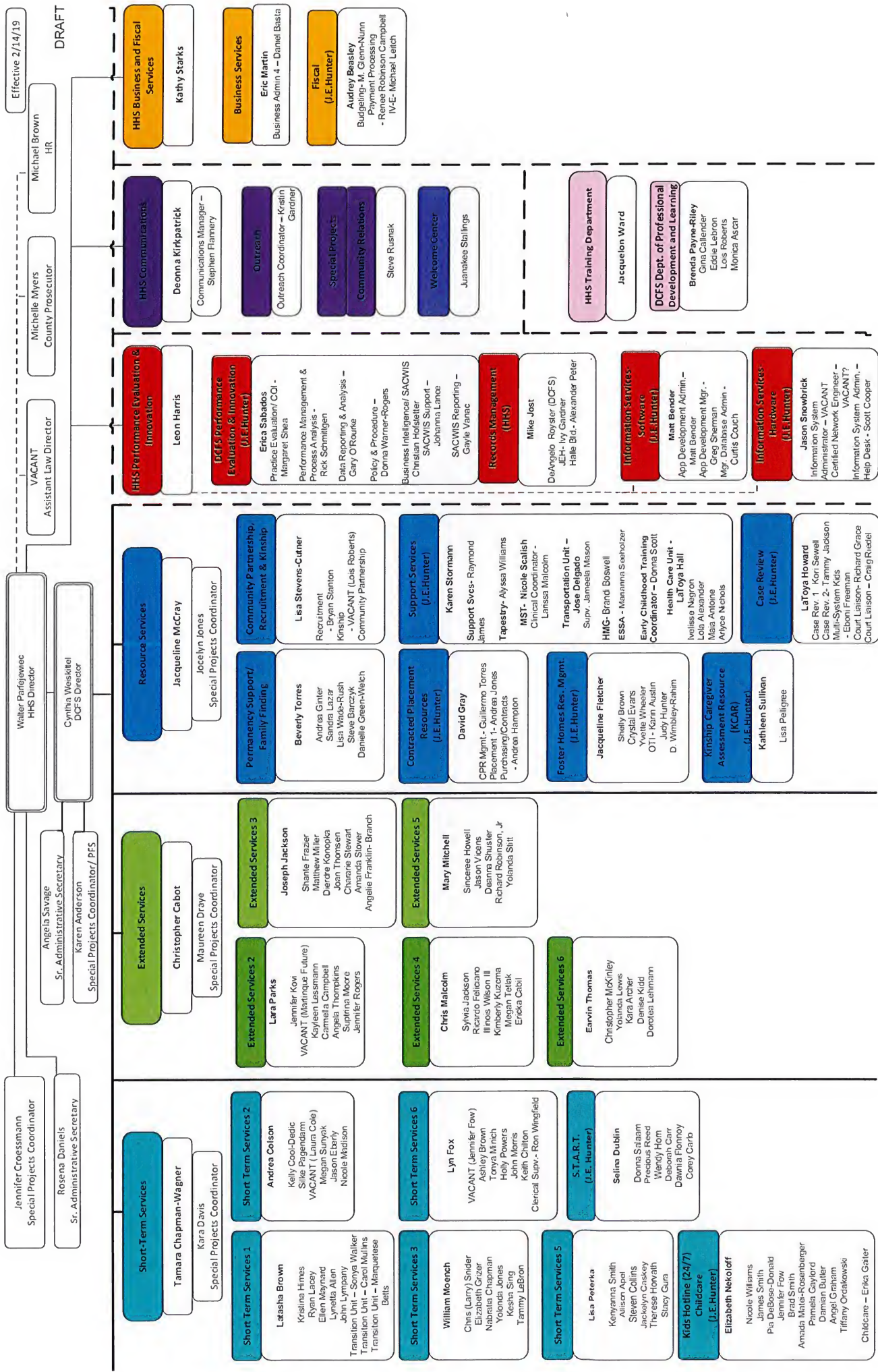
1. The Speakers Bureau goes out into the community to provide training when requested. – (DK)
 - a. Trainings range from 30-minute overview to 6-hour certification classes
- iv. Public Website
 1. Weekly stats posted every Monday
 2. Quarterly Reports
 3. Policies & Procedures
 4. Events
 5. Contact Information
 6. New website will be out late summer/early fall
 7. Advisory board and schedule of meetings will get its own page
- V. Data
 - a. Can we get demographics as they relate to the risk factors for children? – (ANW)
 - i. Demographics can be sent out – (CW)
 - ii. DV has been an issue on a lot of our cases this year – (CW)
 1. There are differences on how the disciplines can service the families
- VI. Procedures/Bylaws/Next Steps
 - a. If people want to address the counsel, what should the procedure be? Sign-up process? – (DK)
 - i. Consensus that 72-hour notice is not needed – (CW)
 1. Recommend that a time limit be set on individuals speaking
 2. Sign up & show up on time
 - b. Can independent agencies promote public hearings to their network? – (CF)
 - i. Yes. That is the intention. – (VC)
 - ii. Requirement that meetings are advertised on the advisory board website – (CW)
 - iii. Typically, visitors must give 72-hour notice
 1. Interested in screening stories to get the board together prior to the meeting to have a more concise answer?
 - c. Bylaws of adult services were sent out as reference. If people are attending meetings there need to be ground rules. – (CW)
 - i. Does each agency create rules around public meetings? – (VR)-
 1. Yearly schedule would provide sufficient notice. – (YC)
 2. As long as the meeting is public, and people are allowed to speak, it falls under Sunshine Laws.
 - a. Specification on Sunshine Laws and how many people constitute a meeting. – (DC)



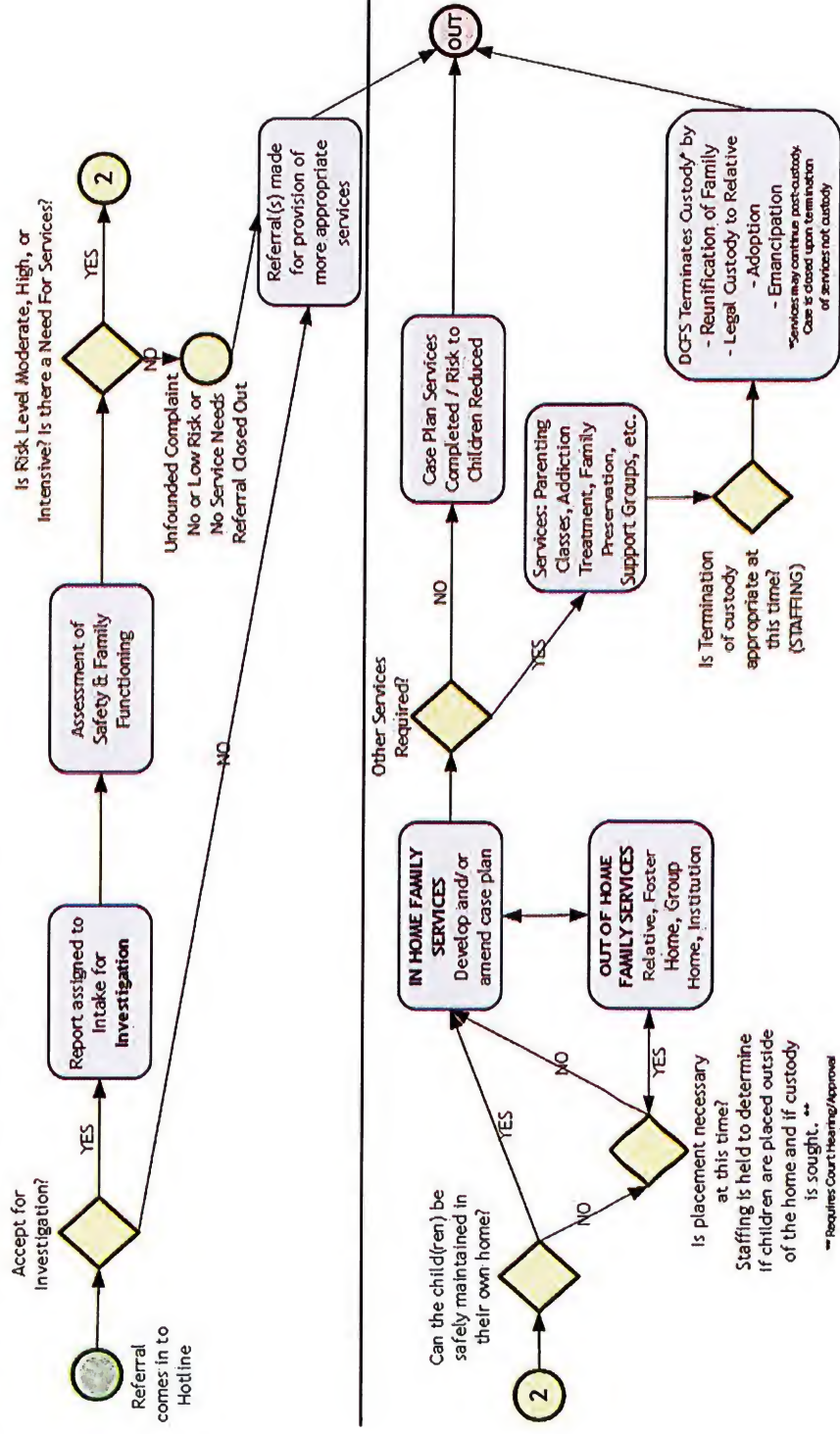
- i. VR is on a board at CSU, but is not clear if it's the number of people or percentage of group that constitutes a meeting
 - b. Further clarification of Sunshine Laws is needed.
 - d. Meeting with Kimberly Brown – (DC)
 - i. She has concerns over with the membership and gender composition of the advisory board.
 - 1. She would like to make sure fathers are heard and listened to
 - a. Speak with the fatherhood initiative – (BC)
 - b. Efforts being made to strengthen the importance of fathers in the family. – (CW)
 - 2. Ms. Brown has concerns about the case and fatherhood themes. – (DC)
 - a. Staffings should always include fathers
 - i. If not, why?
 - b. Expectation is that staff always contact the father in order to expand resources for the child
 - 3. Does DCFS work with jail system to keep incarcerated fathers involved? – (CF)
 - a. There is a worker stationed out of the jail. – (CW)
 - b. ----- House just contracted to work with jails – (CW)
 - c. We have been able to facilitate calls to jails during staffings – (CW)
 - e. Should new members of the board go through an appointee process? – (DR)
 - i. Yes. Armond's office handles the nominations. – (CW)
 - ii. Any minimum number of meetings?
 - 1. Quarterly – (CW)
 - f. Should subcommittees be considered? – (VR)
 - i. Opportunity to have subcommittees at the discretion of the advisory board. DCFS will not direct the board. – (CW)
 - 1. Opportunity for the community to better understand DCFS. We have a lot of power, but that power is a checked power. – (CW)
 - ii. There is value in creating a focus and then splitting into subcommittees. – (CF)
 - 1. What would follow-up be to recommendations to the agency?
 - g. Are there set things the board is supposed to accomplish? – (DR)
 - i. Will provide the ordinance – (CW)
 - h. Governance Committee – (VR)
 - i. Prior committee may have old bylaws that may have some value. – (DR)
 - ii. Other counties bylaws could also be helpful. – (JM)
 - 1. i.e. Franklin & Hamilton Counties



- i. Send discussions to Ross for county counsel. – (YC)
 - i. Key person within the agency will also be identified. – (CW)
- VII. Corrective Action Plan and Recommendations
 - a. More details about the Day case will be presented at the next meeting – (CW)
 - i. Agency received 4 referrals; mom became increasingly difficult and evasive
 - 1. Support system corroborated mom's story
 - b. Were there triggers or escalations in referrals? – (DR)
 - i. No escalations; the last intake was for a home-study that was held by the court for 2 months. – (CW)
 - 1. This changes the worker's approach as it is not an allegation of abuse/neglect
 - c. Advisory Board members have been asked multiple times in different settings about the case, so it will be important to have talking points
 - i. Can panel report be shared with the group? – (DC)
 - 1. CW – will get permission
 - ii. Interest is in accountability – (VR)
 - 1. Talking points should be scrutinized



Workflow Diagram



DCFS In Your Neighborhood



2019 Dates and Locations

Tuesday, February 12th
5:00pm-7:00pm

East End Neighborhood House
2749 Woodhill Rd., Cleveland OH 44104

Thursday, March 14th
5:00pm-7:00pm

Westside Community House
9300 Lorain Ave., Cleveland OH 44102

Thursday, April 18th
5:00pm-7:00pm

St. Martin De Porres
1264 East 123rd St., Cleveland, OH 44108

Wednesday, May 22nd
4:00pm-6:00pm

Garfield Heights - Cuyahoga County Library
5409 Turney Rd., Garfield OH 44125

Thursday, June 13th
4:00pm-6:00pm

Moore Counseling & Mediation
22639 Euclid Ave., Euclid OH 44117

Thursday, July 25th
4:00pm-6:00pm

Murtis Taylor Service Center, Stokes Room
13411 Union Ave., Cleveland OH 44120

Thursday, August 22nd
4:00pm-6:00pm

Friendly Inn
2386 Unwin Rd., Cleveland OH 44104

Friday, September 20th
4:00pm-6:00pm

Cleveland Heights - University Heights Library
2345 Lee Rd., Cleveland Heights OH 44118

Thursday, October 10th
5:30pm-7:30pm

Fatima Family Center
6600 Lexington Ave., Cleveland OH 44103

Wednesday, November 13th
5:00pm-7:00pm

Parma CBS (Hanna School)
11212 Snow Rd., Parma OH 44130

- **Get Help**
- **Get Informed**
- **Get Connected**

Working together to keep children safe.

Division of Children and Family Services



Cuyahoga County
Together We Thrive



National Child Abuse Prevention Month Cuyahoga County Calls on all Residents to Help Prevent Child Abuse

Throughout April, National Child Abuse Prevention Month, Cuyahoga County's Division of Children and Family Services will engage our community to help prevent abuse, recognize signs of abuse, and learn what to do when abuse is suspected. Activities include a community gathering in Public Square, a training for mandated reporters, an event at the Strongsville Mall, and more.

The County is also joining the painted rock craze, painting and distributing blue rocks around the area for residents to find. The 570 rocks, symbolizing the number of children in permanent County custody, will each display the hashtag #CuyahogaHero, encouraging finders to go online and learn more about preventing child abuse.

Anyone who knows of or suspects child abuse or neglect, or would like to refer a family for services, should call 216-696-KIDS for help. Visit <http://cfs.cuyahogacounty.us/en-US/Report-Abuse-Neglect.aspx> to learn more about the signs of child abuse and neglect.

Child Abuse Prevention Month Events and Activities:

Be a Hero 4 Kids Foster Recruitment Event

Saturday, April 5, 12:00 pm to 5:00 pm

SouthPark Mall, 500 Southpark Center, Strongsville

Join BeAHero4Kids, SouthPark Mall, and DCFS for the opening weekend of *Shazam*, a film about a child in foster care who gains super powers. Learn how to become a foster or adoptive parent and enjoy a live performance by costumed superheroes. Attendees are encouraged to dress in superhero costumes.

This event is free and open to the public but does not include admission to the film.

Wear Blue Day - Public Square Community Gathering

Wednesday, April 10, 12:30 pm

Public Square, Cleveland

All residents are encouraged to wear blue and join DCFS and community partners on Public Square to support child abuse awareness and prevention in the community. The program will include a short presentation and information about becoming a Cuyahoga Hero for children in need.

Free and open to the public.

Terminal Tower Goes Blue

Wednesday, April 10

Check the Cleveland skyline after dark to see our most iconic building participate in Wear Blue Day.

DCFS In Your Neighborhood

Thursday, April 18, 5:00 pm

St. Martin De Porres, 1264 East 123rd St., Cleveland



NATIONAL CHILD ABUSE
PREVENTION MONTH
2019



Cuyahoga County
Together We Thrive

| Division of Children and Family Services

WEAR BLUE EVENT

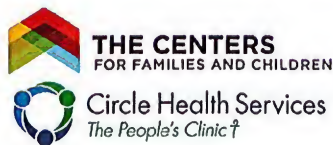
PUBLIC SQUARE

WEDNESDAY, APRIL 10TH

12:30 P.M.

<https://www.eventbrite.com/e/wear-blue-day-tickets-58145348302>

Show your support for preventing
child abuse and neglect



DCFS Supportive Service Options for Families

What We Serve	What We Do	Early Childhood Services (Birth to age 6)	Attachment Based Family Therapy (ABFT)	Family Therapy	Attachment Based Family Therapy (ABFT)	Family Therapy	Age Range: 5-17	Age Range: 0-18	Age Range: 12-17	Age Range: none defined (can be caregiver or child)	Age Range: 6-17.5	Age Range: All children in agency custody
<p>What We Serve</p> <p>Age Range: birth to age 6</p> <p>Qualifiers</p> <ul style="list-style-type: none">Children under 3 with substantiated abuse/neglectChildren under 3 in Alternative Response and BB is recommendedChildren under 3 with suspected delays/diagnosisChildren under 3 placed with a relative caregiverChildren under 3 in agency custody being reunifiedExclusionary CriteriaChildren over three years old	<p>What We Do</p> <ul style="list-style-type: none">Services dedicated for prenatal to age three. The services offered equip parents with the means to help their child acquire the early building blocks necessary for long term success.Early intervention, Home Visiting, and Bright Beginnings Parents as Teachers programming are available based on the needs of the family.	<p>Age Range: Birth to age 6</p> <p>Qualifiers</p> <ul style="list-style-type: none">Children under 6 with social, emotional or behavioral concernsParents/Caregivers in need of parenting supportsChildren at risk of disruption from agency placement, daycare, or schoolFamily does not have to be open with DCFSExclusionary CriteriaAll services rely on active participation of parent or caregiverChildren over 6 years old	<p>Age Range: 6-48 months</p> <p>Qualifiers</p> <ul style="list-style-type: none">Family is involved with DCFS at any levelChild has experienced early adversity including: abuse, neglect, DV, drug exposure, etc.Can be completed in multiple placements to aid in transitionsModel implemented with residential caregiver and child (can be foster parent, bio-parent, kinship, adoptive, etc.)Exclusionary CriteriaCaregiver participating in ABC must spend more than half of the week with the childEnglish as a second language	<p>Age Range: 2-6</p> <p>Qualifiers</p> <ul style="list-style-type: none">Youth with a history of trauma exposure and disruptive behaviors: property destruction, physical aggression, are not responding to discipline that works for other childrenChild is in another form of counselingLiving situation is unsafe/unstable and/or child still resides with the perpetratorCaregiver has untreated mental health concernsYouth has untreated, severe ADHD	<p>Age Range: 5-17</p> <p>Qualifiers</p> <ul style="list-style-type: none">Frequent family conflictsBehavior problems, including physical aggressionAnger and verbal aggression, including emotional abuseHarsh physical discipline, physical aggression, or child physical abuseChild trauma-related symptoms secondary to any of the aboveExclusionary CriteriaChild/family in other intensive in-home service	<p>Age Range: 0-18</p> <p>Qualifiers</p> <ul style="list-style-type: none">Family is involved with DCFS at any levelIndividualized program areas for school age children, teens, and young parentsExclusionary CriteriaNone noted	<p>Age Range: 0-18</p> <p>Qualifiers</p> <ul style="list-style-type: none">Must be in agency custody and placed in an agency foster home or kin placementExclusionary CriteriaCases with no contact ordersParents are unavailable to participatePC filing in process	<p>Age Range: 12-17</p> <p>Qualifiers</p> <ul style="list-style-type: none">Child at risk of disrupting from the home due to chronic, severe, delinquent, violent, and/or antisocial behaviorsReunification from a residential facility and/or foster careCaregiver is primary recipient of serviceExclusionary CriteriaCannot be open with other intensive servicesCannot be in foster careExclusionary characteristics: pervasive developmental disabilities, severe mental health issues, actively suicidal or homicidal youth	<p>Age Range: none defined (can be caregiver or child)</p> <p>Qualifiers</p> <ul style="list-style-type: none">Options: intensive in-home (IIT), Parent-Teen Conflict, Resource Family Reunification (REU), Family in Need of Services (FINS)Exclusionary CriteriaMust be a Cuyahoga County residentIIT: must rate as moderate to high risk on the CDCSS assessment toolREU: must have a finalization court dateRFS: services for foster, adoptive and kinship care	<p>Age Range: 6-17.5</p> <p>Qualifiers</p> <ul style="list-style-type: none">Potential custody or placement episode in family of originDisruption from kinship placement or agency foster homeExclusionary CriteriaCannot be open with PEP Connections	<p>Age Range: All children in agency custody</p> <p>Qualifiers</p> <ul style="list-style-type: none">Children/youth in agency custody	
		<p>What We Do</p> <ul style="list-style-type: none">Social-emotional screeningShort-term consultation servicesParenting supports to promote positive parent-child relationshipsLinkages to appropriate community supports and resourcesTreatment services	<p>What We Do</p> <ul style="list-style-type: none">10 in home, videotaped, one hour sessionsUnderstand and practice how to respond to child's cuesVideo montage presented upon completion of ABC	<p>What We Do</p> <ul style="list-style-type: none">Individual sessions with the child & parent as well as joint parent-child sessions. The goal of TF-CBT is to help address the biopsychosocial needs of children, with "traumatic stress disorder" (PTSD) or other problems related to traumatic life experiences, and their parents or primary caregivers12 – 20 sessions	<p>What We Do</p> <ul style="list-style-type: none">AF-CBT is an evidence-based treatment designed to improve the relationships between children and caregivers in families involved in arguments, frequent conflict, physical force/discipline, or child physical abuseService length is 4-12 months	<p>What We Do</p> <ul style="list-style-type: none">Treatment focused on abusive and neglecting parent-child or parent-teen dysfunctional interactions through a process called "re-parenting."12-15 sessions; some include home based services as well as group sessions	<p>What We Do</p> <ul style="list-style-type: none">Parenting program with a visit coach to provide hands-on parent coaching during family visitsFamily support/advocacyCase managementBehavioral interventionsSystemic interventions- Strong collaboration with DCFS, School, Juvenile Court, Faith Community, Peer, Neighborhood and Natural Supports	<p>What We Do</p> <ul style="list-style-type: none">Community/home-based service deliveryFamily support/advocacyCase managementFamily therapyBehavioral interventionsSystemic interventions- Strong collaboration with DCFS, School, Juvenile Court, Faith Community, Peer, Neighborhood and Natural Supports	<p>What We Do</p> <ul style="list-style-type: none">Intensive, in-home, short-term crisis stabilization, intervention, parenting and communication skills, linkage to community resourcesService duration is approximately 3 months	<p>What We Do</p> <ul style="list-style-type: none">Wraparound Process<ul style="list-style-type: none">Team process basedCommunity Psychiatric Supportive ServicesFamily and Youth Advocacy and Support Groups	<p>What We Do</p> <ul style="list-style-type: none">Process requests to administer/modify psychotropic medicationsProcess requests for surgical/invasive & non-routine procedures2nd opinions for psychotropic medicationsProvide Mar's vouchers when no active MedicaidAssist in coordination of MetroHealth Medical Home	
<p>What We Serve</p> <p>Referral form in SACWIS</p> <p>Program Contact: Brandi Boswell (216.881.5453)</p>	<p>What We Do</p> <p>Referral form available on intranet</p> <p>Program Contact: Donna Scott (216.881.4291)</p>	<p>What We Do</p> <p>Referral form available on intranet</p> <p>Program Contact: Donna Scott (216.881.4291)</p>	<p>What We Do</p> <p>Referral form to Supportive Services</p> <p>Program Contact: Raymond James (216.881.4298)</p>	<p>What We Do</p> <p>Referral form to Supportive Services</p> <p>Program Contact: Raymond James (216.881.4298)</p>	<p>What We Do</p> <p>Referral form to Supportive Services</p> <p>Program Contact: Raymond James (216.881.4298)</p>	<p>What We Do</p> <p>Referral form to Supportive Services</p> <p>Program Contact: Raymond James (216.881.4298)</p>	<p>What We Do</p> <p>Referral form to Supportive Services</p> <p>Program Contact: Raymond James (216.881.4298)</p>	<p>What We Do</p> <p>Referral form to Supportive Services</p> <p>Program Contact: Raymond James (216.881.4298)</p>	<p>What We Do</p> <p>Referral form to Supportive Services</p> <p>Program Contact: Raymond James (216.881.4298)</p>	<p>What We Do</p> <p>Referral form to Supportive Services</p> <p>Program Contact: Raymond James (216.881.4298)</p>	<p>What We Do</p> <p>Referral form to Supportive Services</p> <p>Program Contact: Raymond James (216.881.4298)</p>	<p>What We Do</p> <p>Referral form to Supportive Services</p> <p>Program Contact: Raymond James (216.881.4298)</p>

-THIS LIST IS NOT INTENDED TO BE ALL INCLUSIVE. Additional resources may be available to support families; remember to explore no or low cost services in the community (i.e. PEP, parenting, counseling, etc.). Most referrals should be sent to: Supportive_Services_Referrals@dcfs.ohio.gov unless otherwise noted. Rev. 11/2018